



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeffrey S. Gilchrist
Serial No.: 09/415,852
Filing Date: Oct. 8, 1999
Confirmation No.: 5384

Examiner: Christopher J. Brown
Art Unit: 2134
Docket No.: 0500.9909081
Our File No.: 10500.99.9081

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Technology Center 2600

Title: **METHOD AND APPARATUS FOR PASSWORD ENTRY USING DYNAMIC
INTERFACE LEGITIMACY INFORMATION**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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7-21-04
Date


Christine A. Wright

AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office Action dated April 21, 2004, Applicant files this amendment and response and responds as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

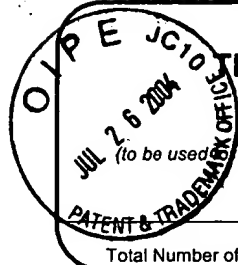
Remarks begin on page 11 of this paper.

213441

PTO/SB/21 (02-04)

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TRANSMITTAL FORM

Application Number	09/415,852
Filing Date	10/08/1999
First Named Inventor	Jeffrey S. Gilchrist
Art Unit	2134
Examiner Name	Christopher J. Brown
Attorney Docket Number	0500.9909081

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): -return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Christopher J. Reckamp, Reg. No. 34,414
Signature	<i>Christopher J. Reckamp</i>
Date	July 21, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Christine A. Wright		
Signature	<i>Christine A. Wright</i>	Date	July 21, 2004

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